



Please type a plus sign (+) inside this box → ☐

PTO/SB/61 (02-01)

Approved for use through 10/31/2002 OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/072,201
Filing Date	February 7, 2002
First Named Inventor	Otaki et al.
Title	PHOTOSENSITIVE.....
Group Art Unit	1756
Examiner Name	
Attorney Docket Number	TJK/213

I hereby appoint:

☒ Practitioners at Customer Number
OR

26,689

Place Customer
Number Bar Code
Label here

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

☐ Firm or
Individual Name

DAI NIPPON PRINTING CO., LTD.

Address 1-1 Ichigaya-kagacho 1-chome, Shinjuku-ku, Tokyo-to,

Address

City Tokyo State Tokyo Zip 162-8001

Country Japan

Telephone 03-3266-2571 Fax 03-3266-3696

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name Hiroyuki OTAKI

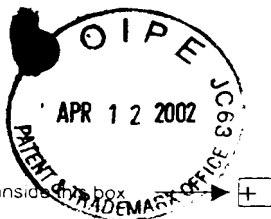
Signature *Hiroyuki Otaki*

Date March 20, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ *Total of 2 forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside the box



PTO/SB/81 (02-01)

Approved for use through 10/31/2002 OMB 0651-0035

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	10/072,201
Filing Date	February 7, 2002
First Named Inventor	Otaki et al.
Title	PHOTOSENSITIVE...
Group Art Unit	1756
Examiner Name	
Attorney Docket Number	TJK/213

I hereby appoint:

☒ Practitioners at Customer Number

26,689

Place Customer
Number Bar Code
Label here

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

☐ Practitioners at Customer Number

Place Customer
Number Bar Code
Label here

☐ Firm or
Individual Name

DAI NIPPON PRINTING CO., LTD.

Address

1-1 Ichigaya-kagacho 1-chome, Shinjuku-ku, Tokyo-to,

Address

City

Tokyo

State

Tokyo

Zip

162-8001

Country

Japan

Telephone

03-3266-2571

Fax

03-3266-3696

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	Toshio YOSHIHARA
Signature	Toshio Yoshihara
Date	March 20, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*

☐ *Total of _____ forms are submitted.

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	TJK/213	
	First Named Inventor	Otaki et al.	
	COMPLETE IF KNOWN		
	Application Number	10/072,201	
	Filing Date	February 7, 2002	
	Art Unit	1756	
<input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)		Examiner Name	

As the below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PHOTOSENSITIVE COMPOSITION FOR VOLUME HOLOGRAM RECORDING
AND PHOTOSENSITIVE MEDIUM FOR VOLUME HOLOGRAM RECORDING

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 02/07/2002

as United States Application Number or PCT International

Application Number 10/072,201 and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below by checking the box any foreign application for patent, inventor's or plant breeder's rights certificate(s) or any PCT international application having a filing date before that of the application on which priority is claimed

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
2001-033716	Japan	02/09/2001	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2001-033717	Japan	02/09/2001	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2001-232068	Japan	07/31/2001	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/>		Customer Number or Bar Code Label		26,689		OR <input type="checkbox"/>		Correspondence address below		
Name										
Address										
City				State			ZIP			
Country			Telephone				Fax			
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>										
NAME OF SOLE OR FIRST INVENTOR :				<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Hiroyuki						
				Family Name or Surname						
				OTAKI						
Inventor's Signature							March 20, 2002			
<i>Hiroyuki Otaki</i>							Date			
Residence: City			Tokyo		State		Tokyo		Country	
							Japan		Citizenship	
							Japanese			
Mailing Address c/o Dai Nippon Printing Co., Ltd. 1-1 Ichigaya-kagacho 1-chome, Shinjuku-ku, Tokyo-to, Japan										
City			Tokyo		State		Tokyo		ZIP	
							162-9001		Country	
							Japan			
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Toshio						
				Family Name or Surname						
				YOSHIHARA						
Inventor's Signature							March 20, 2002			
<i>Toshio Yoshihara</i>							Date			
Residence: City			Tokyo		State		Tokyo		Country	
							Japan		Citizenship	
							Japanese			
Mailing Address c/o Dai Nippon Printing Co., Ltd. 1-1 Ichigaya-kagacho 1-chome, Shinjuku-ku, Tokyo-to, Japan										
City			Tokyo		State		Tokyo		ZIP	
							162-9001		Country	
							Japan			
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.										